



South Carolina Department of Health
and Environmental Control

Division of Procurement Services
Invitation for Bid
Amendment - 2

Solicitation No.: IFB-35250-1/6/09-EMW

Date Issued: 1/5/08

Procurement Officer: E. Madison Winslow

E. Madison Winslow

Phone No.: 803-898-3487

E-mail Address: winsloem@dhec.sc.gov

DESCRIPTION: Tier II assessments at multiple sites throughout South Carolina

The Term "Offer" Means Your "Bid" or "Proposal"

SUBMIT OFFER BY (Opening Date/Time): January 15, 2009/2:30 pm ET

See provision entitled "Deadline for Submission of Offer"

NUMBER OF COPIES TO BE SUBMITTED: **One (1) original**

SUBMIT YOUR SEALED OFFER TO EITHER OF THE FOLLOWING ADDRESSES:

MAILING ADDRESS:	PHYSICAL ADDRESS:
SC DHEC Division of Procurement Services Bureau of Business Management 2600 Bull Street Columbia, S.C. 29201	SC DHEC Division of Procurement Services Bureau of Business Management 2600 Bull Street, Room 1200 – Aycock Bldg. Columbia, S. C. 29201

Offers Must Be Sealed: See provision entitled "Submitting Your Offer"

AWARD & AMENDMENTS	Award will be posted on January 20, 2009 . The award, this solicitation, and any amendments will be posted at the following web address: http://www.scdhec.net/procurement .
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You must submit a signed copy of this form with your offer. By submitting a bid or proposal, you agree to be bound by the terms of the solicitation. You agree to hold your offer open for a minimum of thirty (30) calendar days after the opening date.

NAME OF OFFEROR (Full legal name of business submitting the offer)		OFFEROR'S TYPE OF ENTITY: (Check one) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (tax-exempt) <input type="checkbox"/> Corporate entity (not tax-exempt) <input type="checkbox"/> Government entity (federal, state, or local) <input type="checkbox"/> Other (See provision entitled "Signing Your Offer")
AUTHORIZED SIGNATURE (Person signing must be authorized to submit binding offer to enter contract on behalf of Offeror named above.)		
TITLE (Business title of person signing above)		
PRINTED NAME (Printed name of person signing above)	DATE	

Instructions regarding offeror's name: Any award issued will be issued to, and the contract will be formed with, the entity identified as the offeror above. An offer may be submitted by only one legal entity. The entity named as the offeror must be a single and distinct legal entity. Do not use the name of a branch office or a division of a larger entity if the branch or division is not a separate legal entity, *i.e.*, a separate corporation, partnership, sole proprietorship, etc.

OFFEROR'S HOME OFFICE ADDRESS (Address for the offeror's principal place of business)		
CITY	STATE	ZIP CODE
PHONE	FACSIMILE	E-MAIL
STATE OF INCORPORATION (If offeror is a corporation, identify the state of Incorporation)		
TAXPAYER IDENTIFICATION NO. (See provision entitled Taxpayer Identification Number)		

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

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(Return Page Two with Your Offer)

HOME OFFICE ADDRESS (Address for offeror's home office / principal place of business)	NOTICE ADDRESS (Address to which all procurement and contract related notices should be sent.) (See "Notice" clause)								
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Area Code</td> <td style="width:20%;">Number</td> <td style="width:20%;">Extension</td> <td style="width:45%;">Facsimile</td> </tr> <tr> <td colspan="4" style="padding: 5px;">E-mail Address</td> </tr> </table>	Area Code	Number	Extension	Facsimile	E-mail Address			
Area Code	Number	Extension	Facsimile						
E-mail Address									

PAYMENT ADDRESS (Address to which payments will be sent.) (See "Payment" clause)	ORDER ADDRESS (Address to which purchase orders will be sent) (See "Purchase Orders" and "Contract Documents" clauses)
†Payment Address same as Home Office Address †Payment Address same as Notice Address (check only one)	†Order Address same as Home Office Address †Order Address same as Notice Address (check only one)

ACKNOWLEDGMENT OF AMENDMENTS Offerors acknowledges receipt of amendments by indicating amendment number and its date of issue. See "Amendments to Solicitation" Provision	Amendment No.	Amendment Issue Date	Amendment No.	Amendment Issue Date	Amendment No.	Amendment Issue Date	Amendment No.	Amendment Issue Date

DISCOUNT FOR PROMPT PAYMENT See "Discount for Prompt Payment" clause	10 Calendar Days (%)	20 Calendar Days (%)	30 Calendar Days (%)	_____ Calendar Days (%)
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PREFERENCES – SC RESIDENT VENDOR PREFERENCE (June 2005): Section 11-35-1524 provides a preference for offerors that qualify as a resident vendor. A resident vendor is an offeror that (a) is authorized to transact business within South Carolina, (b) maintains an office* in South Carolina, (c) either (1) maintains a minimum \$10,000.00 representative inventory at the time of the solicitation, or (2) is a manufacturer which is headquartered and has at least a ten million dollar payroll in South Carolina, and the product is made or processed from raw materials into a finished end-product by such manufacturer or an affiliate (as defined in section 1563 of the Internal Revenue Code) of such manufacturer, and (d) has paid all assessed taxes. If applicable, preference will be applied as required by law.	OFFERORS REQUESTING THIS PREFERENCE MUST INITIAL HERE. _____ *ADDRESS AND PHONE OF IN-STATE OFFICE †In-State Office Address same as Home Office Address †In-State Office Address same as Notice Address <div align="right">(CHECK ONLY ONE)</div>
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PREFERENCES – SC/US END-PRODUCT (June 2005): Section 11-35-1524 provides a preference to vendors offering South Carolina end-products or US end-products, if those products are made, manufactured, or grown in SC or the US, respectively. An end-product is the item identified for acquisition in this solicitation, including all component parts in final form and ready for the use intended. The terms "made," "manufactured," and "grown" are defined by Section 11-35-1524(B). By signing your offer and checking the appropriate space(s) provided and identified on the bid schedule, offeror certifies that the end-product(s) is either made, manufactured or grown in South Carolina, or other states of the United States, as applicable. Preference will be applied as required by law.	IF THIS PREFERENCE APPLIES TO THIS PROCUREMENT, PART VII (BIDDING SCHEDULE) WILL INCLUDE A PLACE TO CLAIM THE PREFERENCE. OFFERORS REQUESTING THIS PREFERENCE MUST CHECK THE APPROPRIATE SPACES ON THE BIDDING SCHEDULE.
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The solicitation is amended as follows:

1. **THE DEADLINE FOR SUBMITTING OFFERS (BIDS) FOR THE INVITATION FOR BID HAS BEEN EXTENDED FROM 2:30 PM ET ON JANUARY 6, 2009 TO 2:30 pm ET ON JANUARY 15, 2009.**
2. **THE POSTING DATE FOR THE INVITATION FOR BID HAS BEEN CHANGED FROM JANUARY 13, 2009 TO JANUARY 20, 2009.**
3. **CHANGE TO BIDDING SCHEDULE**

There has been a change to the bidding schedule. Please see the addition of No. 10 and the correction to No. 17 in the bidding schedule on pages 4-7 of this amendment. Please submit the modified bidding schedule when bidding. Do not submit the bidding schedule contained in the original solicitation.

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
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THIS FORM MUST BE COMPLETED IF YOU ARE BIDDING

BIDDING SCHEDULE

ASSESSMENT COMPETITIVE PRICING AGREEMENT

SOUTH CAROLINA DEPARTMENT OF HEALTH & ENVIRONMENTAL CONTROL

Underground Storage Tank Program

State Underground Petroleum Environmental Response Bank

ITEM / UNIT	QUANTITY	UNIT PRICE	LINE ITEM AMOUNT
1. Plan Preparation (each)			
a. Tier II or Component	1	\$ _____	\$ _____
b. Tax Map Information	1	\$ _____	\$ _____
2. Receptor Survey (each)	1	\$ _____	\$ _____
3. Survey (each 500' x 500')			
a. Registered Land survey	2	\$ _____	\$ _____
b. Subsurface Geophysical Geological survey			
(1.) Less than 10 meters below ground surface	2	\$ _____	\$ _____
(2.) More than 10 meters below ground surface	2	\$ _____	\$ _____
c. Subsurface Geophysical UST or drum survey	2	\$ _____	\$ _____
4. Mobilization (per mob/demob)			
a. Heavy Equipment	2	\$ _____	\$ _____
b. Personnel	4	\$ _____	\$ _____
c. Adverse Terrain	1	\$ _____	\$ _____
d. Site Reconnaissance to prepare Tier II Plan	1	\$ _____	\$ _____
5. Soil Boring - hand auger (per foot cost includes sample collection and abandonment)	100	\$ _____	\$ _____
6. Field Screening -- drilled (per foot costs include sample collection and abandonment)			
a. Standard	600	\$ _____	\$ _____
b. Alternative, analysis (not lab) performed on site	600	\$ _____	\$ _____
c. Alternate, mobile lab analysis on site	600	\$ _____	\$ _____
d. Fractured rock down borehole	200	\$ _____	\$ _____
7. Soil Leachability Model (each)	1	\$ _____	\$ _____
8. Abandonment (per foot)			
a. Existing Monitoring Well 2" or smaller	200	\$ _____	\$ _____
b. Existing Monitoring Well 6" or smaller	100	\$ _____	\$ _____
c. Dug Well Up to 6' diameter	25	\$ _____	\$ _____

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<p>9. Well Installation (per foot) (Includes cost associated with soil screening)</p> <p>a. Monitoring well (hand auger)</p> <p>b. Monitoring well (drilled with pad) (2" ID well)</p> <p>c. Telescoping Deep or pit cased well</p> <p>d. Rock well</p> <p>e. Core Drilling</p> <p>f. Multi sampling ports or screen intervals</p> <p>g. Recovery well (drilled with pad) (4" ID well)</p> <p>h. Prepacked screen Monitoring well (pushed with pad) (1.25" ID well)</p> <p>i. Rhotosonic well (installed with pad) (2" ID well)</p>	<p>20</p> <p>200</p> <p>120</p> <p>200</p> <p>200</p> <p>40</p> <p>50</p> <p>40</p> <p>100</p>	<p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>	<p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>
<p>9 Alternate. Well Installation (per foot with IDW disposal) <u>COST includes proper management, transport and disposal of all soil cuttings, drilling mud plus cost associated with soil screening</u></p> <p>j. Monitoring well (hand auger)</p> <p>k. Monitoring well (drilled with pad) (2" ID well)</p> <p>l. Telescoping Deep or pit cased well</p> <p>m. Rock well</p> <p>n. Recovery well (drilled with pad) (4" ID well)</p> <p>o. Rhotosonic well (installed with pad) (2" ID well)</p>	<p>20</p> <p>200</p> <p>120</p> <p>200</p> <p>200</p> <p>100</p>	<p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>	<p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>
<p>10. Sample collection (each/per sample collected) (Includes gauge depth to water and dissolved oxygen measurement if sample is collected)</p> <p>a. Groundwater Purge Well</p> <p>b. Air or Vapors</p> <p>c. Water Supply Well/ Surface Water</p> <p>d. Groundwater NOT Purge Well</p> <p>e. Gauge depth to water or product only in a well</p> <p>f. Sample below free product</p> <p>g. Passive Diffusion Bag</p>	<p>12</p> <p>2</p> <p>2</p> <p>4</p> <p>4</p> <p>4</p> <p>4</p> <p>6</p>	<p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>	<p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>

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11. Ground-Water Analyses (per sample)			
a. BTEX + Naphthalene + MTBE	22	\$ _____	\$ _____
b. BTEX + Naph + MTBE (8260B) – RUSH	4	\$ _____	\$ _____
c. Trimethyl, Butyl, & Isopropopyl Benzenes	10	\$ _____	\$ _____
d. PAHs	2	\$ _____	\$ _____
e. Total Lead	22	\$ _____	\$ _____
f. EDB	22	\$ _____	\$ _____
g. EDB -Rush	4	\$ _____	\$ _____
h. 8 RCRA Metals	22	\$ _____	\$ _____
i. TPH (9070)	1	\$ _____	\$ _____
j. pH	1	\$ _____	\$ _____
k. BOD	1	\$ _____	\$ _____
l. Nitrate	22	\$ _____	\$ _____
m. Sulfate	22	\$ _____	\$ _____
n. Ferrous Iron	22	\$ _____	\$ _____
o. Methane	22	\$ _____	\$ _____
p. Filtered Lead	10	\$ _____	\$ _____
q. 8 Oxygenates	22	\$ _____	\$ _____
r. 1,2 DCA	22	\$ _____	\$ _____
s. Ethanol	22	\$ _____	\$ _____
11. Soil, Air, Free Product Analyses (per sample)			
t. BTEX + Naphthalene	10	\$ _____	\$ _____
u. PAHs	10	\$ _____	\$ _____
v. 8 RCRA Metals	2	\$ _____	\$ _____
w. TPH (3550B/8015B)	1	\$ _____	\$ _____
x. TPH (5030B/8015B)	1	\$ _____	\$ _____
y. Grain Size / Hydrometer	16	\$ _____	\$ _____
z. Total Organic Carbon	1	\$ _____	\$ _____
aa. Air BTEX + Naph.	1	\$ _____	\$ _____
bb. Free Product Hydrocarbon Fuel (Age and Type Identification)	4	\$ _____	\$ _____
12. Aquifer Characterization			
a. Pumping Test (per hour)	12	\$ _____	\$ _____
b. Slug Test (per test)	3	\$ _____	\$ _____
c. Fractured Rock (per test)	12	\$ _____	\$ _____
13. Free Product Recovery Rate Test (Per test)			
	3	\$ _____	\$ _____
14. Fate/Transport Modeling (per model)			
a. Mathematical Model	1	\$ _____	\$ _____
b. Computer Model	1	\$ _____	\$ _____
15. Tier Evaluation (per evaluation)			
a. Tier I	1	\$ _____	\$ _____
b. Tier II	1	\$ _____	\$ _____
16. Subsequent Survey (per 500' x 500')			
	2	\$ _____	\$ _____
17. Small Volume Disposal			
a. Wastewater (per gallon)	200	\$ _____	\$ _____
b. Free Product (per gallon)	10	\$ _____	\$ _____
c. Soil (per ton)	8.6	\$ _____	\$ _____
d. Water or Soil (per drum) <u>See Specification 8.h.</u>	50	\$ _____	\$ _____
e. Drilling fluids (per gallon)	500	\$ _____	\$ _____
<u>Note: Rate includes cost of suitable container(s)</u>			
18. Delivered paper copies of the abbreviated report (in addition to 1 completed paper copy and CD-rom)			
	8	\$ _____	\$ _____

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19. Repair of an existing Monitoring Well (per item)			
a. Replace 2 ft. by 2 ft. or smaller pad	2	\$ _____	\$ _____
b. Replace 4 ft. by 4 ft. or smaller pad	4	\$ _____	\$ _____
c. Replace well vault and up to 4' by 4' pad	2	\$ _____	\$ _____
d. Replace/Repair Stick Up	2	\$ _____	\$ _____
e. Convert Flush Mounted Pad to Stickup	1	\$ _____	\$ _____
f. Convert Stickup Well to Flush Mounted Well	1	\$ _____	\$ _____
		SUBTOTAL	\$ _____
20. Report Prep. & Project Management	_____ %	% Of subtotal	\$ _____
		TOTAL =	\$ _____